

CHALENG 2010 Survey Results Summary

VISN: 12

Site: VAH Hines, IL - 578 and VA Chicago HCS (VAMC Chicago (LS) - 537A4 and VAMC Chicago (WS) - 537)

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 71

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 22

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	81
Permanent Housing Beds	465

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	Yes
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants:
273. Number of provider (VA and non-VA) participants: 91.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.89	3.71	3.74
Food	3.85	3.66	3.86
Clothing	3.56	3.55	3.62
Emergency (immediate) shelter	3.64	3.54	3.55
Transitional living facility or halfway house	3.41	3.24	3.45
Long-term, permanent housing	3.00	2.88	2.90
Detoxification from substances	3.85	3.29	3.69
Treatment for substance abuse	3.88	3.53	3.84
Services for emotional or psychiatric problems	3.85	3.56	3.71
Treatment for dual diagnosis	3.56	3.48	3.51
Family counseling	3.12	3.01	3.11
Medical services	4.17	3.90	4.04
Women's health care	3.15	3.49	3.17
Help with medication	4.02	3.54	3.87
Drop-in center or day program	3.47	3.31	3.15
AIDS/HIV testing/counseling	3.75	3.51	3.63
TB testing and Treatment	4.03	3.67	3.90
Legal assistance to help restore a driver's license	2.96	2.88	2.87
Hepatitis C testing	3.69	3.58	3.70
Dental care	3.10	3.09	2.91
Eye care	3.64	3.29	3.38
Glasses	3.52	3.18	3.35
VA disability/pension	3.20	3.38	3.14
Welfare payments	2.87	2.96	2.80
SSI/SSD process	3.02	3.20	2.95
Guardianship (financial)	2.98	2.96	2.84
Help managing money	3.34	2.85	3.13
Job training	3.36	3.10	2.96
Help with finding a job or getting employment	3.36	3.14	3.02
Help getting needed documents or identification	3.96	3.38	3.50
Help with transportation	3.71	3.54	3.31
Education	3.44	3.16	3.19
Child care	2.85	2.57	2.64
Family reconciliation assistance	2.83	2.73	2.73
Discharge upgrade	3.01	3.10	2.96
Spiritual	3.74	3.44	3.55
Re-entry services for incarcerated veterans	3.16	2.96	2.94
Elder health care	3.16	3.24	3.11
Credit counseling	2.89	2.73	2.85
Legal assistance for child support issues	2.96	2.97	2.70
Legal assistance for outstanding warrants/fines	2.80	2.81	2.75
Help developing social network	3.43	3.03	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.49	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.79	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.83	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.12	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.04	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.49	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.43	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.70	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.69	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.12	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.98	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.64	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.83	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.86	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	The HUD-VASH program at Hines was expanded in FY 2010 by 50 vouchers. At the Jesse Brown VA, the HUD-VASH Program at has added an additional 100 vouchers for a total of 310 vouchers at this time. Three staff have started and two additional staff will be starting 10/12/10.
Transitional living facility or halfway house	Hines: GPD program activated 14 new beds in FY 2010; the Hines Enhanced Use Lease (EUL) initiative has made a "conditional" award which once operational will increase the number of transitional housing beds. Jesse Brown: Additional Grant Per Diem sites have been approved, however, they have not been finalized. Three contract transitional beds sites have been initially inspected, but we are still awaiting approval.
Emergency (immediate) shelter	Hines: The Healthcare for Homeless Veterans program at Hines participated in the new Contract Transitional Housing Program initiative with some VA Contracting Office-approved agreements expected to be in place by October 1, 2010. Jesse Brown:

***The Action Plan consisted of proposed strategies the local VA program and its community partners would use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Legal assistance for child support issues	Hines HCHV program was one of ten Office of Child Support Enforcement (OCSE) pilot programs known as the Child Support Initiative. Partners include: the American Bar Association represented locally by the John Marshall Law School, Health Care and Family Services (HFS), Office of the Illinois Attorney General and Hines VA. There are five primary goals ultimately aimed at helping Veterans overcome homelessness by increasing their income leading to opportunities to obtain and/or sustain independent community housing. To date, Hines has referred 22 Veterans with most cases in an "action status". Numerous Veteran driver's licenses have been restored, Veteran bank accounts have been unfrozen, modifications to Veterans child support court orders have been made, and thousands of dollars in State debt have been forgiven. Veterans have expressed high levels of satisfaction and appreciation for the assistance they have received through this initiative.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Long-term, permanent housing</p>	<p>Hines: Advocate for more HUD-VASH vouchers; assist Veterans to obtain regular monthly source of income to afford market rate rents; increase partnerships with agencies who provide permanent supportive housing and subsidies; advocate for more affordable housing; develop/enhance relationship with Department of Agriculture for Rural Development Authority subsidies.</p>
<p>Help with finding a job or getting employment</p>	<p>Continue collaborations with Hines CWT/TWE/SE (Compensated Work Therapy/Transitional Work Experience/Supported Employment) programs; TLS-HVRP (Transitional Living Services - Homeless Veterans Reintegration) program; Volunteers of America program; Illinois Department of Employment Security; VA Regional Office vocational rehab program. Three peer support staff have been funded by Central Office to provide employment/vocational assistance for all of our HUD-VASH patients beginning January, 2011.</p>
<p>Transitional living facility or halfway house</p>	<p>Increase VA Grant and Per Diem beds by identifying interested community partners to make application; conducting a November 2010 technical assistance training for interested community partners; increase Jesse Brown and Hines collaborations for GPD bed access; develop new contract transitional housing community partners and agreements; develop new service agreements with community partners for transitional housing; mine HUD Continuum of Care membership agencies for transitional housing opportunities. The VA Hines Enhanced Use Lease (EUL) initiative is slated to increase transitional housing beds. Three contract transitional bed housing sites are being inspected and we are awaiting approval for these sites to be utilized during FY2011.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 12

Site: VAH Madison, WI - 607

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 2

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 0

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	61
Permanent Housing Beds	70

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 45.
Number of provider (VA and non-VA) participants: 15.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.21	3.50	3.74
Food	4.38	4.25	3.86
Clothing	4.13	4.18	3.62
Emergency (immediate) shelter	4.26	3.42	3.55
Transitional living facility or halfway house	4.22	3.77	3.45
Long-term, permanent housing	3.28	2.69	2.90
Detoxification from substances	3.79	4.00	3.69
Treatment for substance abuse	4.10	4.18	3.84
Services for emotional or psychiatric problems	4.05	4.08	3.71
Treatment for dual diagnosis	3.83	3.83	3.51
Family counseling	3.31	3.27	3.11
Medical services	4.20	4.33	4.04
Women's health care	3.43	4.09	3.17
Help with medication	4.33	4.00	3.87
Drop-in center or day program	3.45	2.82	3.15
AIDS/HIV testing/counseling	3.63	3.75	3.63
TB testing and Treatment	4.22	3.82	3.90
Legal assistance to help restore a driver's license	3.11	2.91	2.87
Hepatitis C testing	3.78	4.00	3.70
Dental care	3.16	2.75	2.91
Eye care	3.40	3.42	3.38
Glasses	3.25	3.75	3.35
VA disability/pension	2.70	4.08	3.14
Welfare payments	2.77	3.18	2.80
SSI/SSD process	3.28	3.08	2.95
Guardianship (financial)	3.11	2.92	2.84
Help managing money	3.48	3.17	3.13
Job training	3.29	3.42	2.96
Help with finding a job or getting employment	3.37	3.75	3.02
Help getting needed documents or identification	3.90	4.00	3.50
Help with transportation	3.84	2.58	3.31
Education	3.65	3.25	3.19
Child care	2.97	2.18	2.64
Family reconciliation assistance	2.72	2.64	2.73
Discharge upgrade	2.74	3.20	2.96
Spiritual	3.76	3.64	3.55
Re-entry services for incarcerated veterans	3.45	3.08	2.94
Elder health care	3.30	3.33	3.11
Credit counseling	3.13	3.18	2.85
Legal assistance for child support issues	3.00	2.73	2.70
Legal assistance for outstanding warrants/fines	3.03	2.58	2.75
Help developing social network	3.20	2.64	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.11	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	4.00	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.57	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.14	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.86	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.00	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.71	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.29	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.57	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.57	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.00	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.71	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.71	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	2.14	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	70 HUD-VASH vouchers are being issued to provide long-term permanent housing in Madison, Wisconsin and Rockford, Illinois.
Treatment for substance abuse	We now have intensive outpatient treatment and detoxification services at the VA Community Based Outpatient Center in Rockford.
Help with finding a job or getting employment	Employment assistance continues with staff member from local job center meeting with Veterans at our new VA Grant and Per Diem program in Madison.

*The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Madison VA to request more HUD-VASH vouchers, Dane County Homeless Services Consortium continues to support permanent housing as # 1 goal.
Dental care	Support expansion of Homeless Veteran Dental Program include HUD-VASH participants (many of whom filled out this survey), encourage HUD-VASH case managers to explore community sources of dental care.
VA disability/pension	Continue to work with Veterans Benefits Administration homeless point of contact to have a presence at new VA Grant and Per Diem ("King") program. Enhance relationships with local county Veterans service offices.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 12

Site: VAMC Iron Mountain, MI - 585

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 4

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 5

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	59
Transitional Housing Beds	0
Permanent Housing Beds	15

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 0.
Number of provider (VA and non-VA) participants: 45.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)		2.57	3.74
Food		3.43	3.86
Clothing		3.05	3.62
Emergency (immediate) shelter		2.12	3.55
Transitional living facility or halfway house		1.88	3.45
Long-term, permanent housing		2.10	2.90
Detoxification from substances		2.78	3.69
Treatment for substance abuse		2.83	3.84
Services for emotional or psychiatric problems		2.90	3.71
Treatment for dual diagnosis		2.68	3.51
Family counseling		2.49	3.11
Medical services		3.05	4.04
Women's health care		2.72	3.17
Help with medication		2.54	3.87
Drop-in center or day program		2.10	3.15
AIDS/HIV testing/counseling		2.76	3.63
TB testing and Treatment		2.93	3.90
Legal assistance to help restore a driver's license		1.95	2.87
Hepatitis C testing		2.83	3.70
Dental care		2.32	2.91
Eye care		2.30	3.38
Glasses		2.35	3.35
VA disability/pension		2.90	3.14
Welfare payments		2.54	2.80
SSI/SSD process		2.64	2.95
Guardianship (financial)		2.25	2.84
Help managing money		2.17	3.13
Job training		2.46	2.96
Help with finding a job or getting employment		2.40	3.02
Help getting needed documents or identification		2.68	3.50
Help with transportation		2.27	3.31
Education		2.55	3.19
Child care		2.28	2.64
Family reconciliation assistance		2.05	2.73
Discharge upgrade		2.42	2.96
Spiritual		2.85	3.55
Re-entry services for incarcerated veterans		2.20	2.94
Elder health care		2.95	3.11
Credit counseling		2.19	2.85
Legal assistance for child support issues		2.08	2.70
Legal assistance for outstanding warrants/fines		2.03	2.75
Help developing social network		2.17	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	2.85	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	2.56	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.10	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.73	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.50	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	1.86	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.42	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.20	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.30	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.71	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.50	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.27	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.45	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.67	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

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E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Transitional living facility or halfway house	Successful relationships with community providers have resulted in Veterans being admitted into short-term transitional housing until other arrangements (permanent housing/long-term treatment for addiction/psychological concerns) can be made. We continues to work towards development of a formal relationship/contract with Great Lakes Recovery Centers in order to provide contract residential services for Veterans in FY 2011.
Long-term, permanent housing	During FY 2010, we were awarded 15 HUD-VASH vouchers. We are working with local public housing authority to distribute and manage vouchers. Additionally, we continue to work with community providers to develop MOU (memorandum of understanding) with property management company for housing set-aside program. This program would target special populations, including homeless Veterans.
Help with transportation	Transportation issues continue to be a challenge. We utilize scheduled transportation services provided by Disabled American Veteran. Our staff are knowledgeable about transportation services throughout the catchment area and help Veterans get their needs met (e.g., meet medical appointments, go to the grocery store).

***The Action Plan consisted of proposed strategies the local VA program and its community partners would use to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Guardianship (financial)	A homeless Veteran in our catchment area had a long history of arrests and jail time for vagrancy, disorderly conduct, etc. Previously, we have not been able to engage Veteran in services necessary to obtain safe and affordable permanent housing. VA staff (homeless, Veteran Justice Outreach), the local assistant prosecutor, and King Veterans Assistance Program (VAP) Grant and Per Diem staff worked toward assisting individual with developing a plan and follow-through to obtain services through a long-term residential treatment program and securing a financial guardian (payee) to manage funds and work toward assisting Veteran with obtaining permanent housing upon discharge from the King VAP GPD program.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

<p>Transitional living facility or halfway house</p>	<p>Working towards finalization of contract with community provider who is able a to provide contract transitional housing services for Veterans in the Upper Peninsula of Michigan and northwest Wisconsin. Additionally, continuing to develop and improve communication and relationships with community agencies and organizations providing transitional living and halfway house services (e.g., Janzen House, NATH, Jacobetti Home for Veterans, VET CENTRAL (MILW), and Veteran Assistance Programs throughout Wisconsin).</p>
<p>Help with transportation</p>	<p>Continue to work closely and coordinate with the Disabled American Veterans organization and VAMC Volunteer Services in order to transport Veterans from outlying areas to the Oscar G. Johnson VAMC. Discussions with Chief, Volunteer Services, to set up a system in which Veterans could be put up in hotel/motels until Disabled American Veterans (DAV) van is scheduled to run to Iron Mountain. From Iron Mountain; DAV van could transport to Marquette, where it is expected that a contract residential housing program will be up and running in early FY2011.</p>
<p>Guardianship (financial)</p>	<p>Continued conversations with Veteran Service Organizations, and local court personnel to disseminate information regarding need for individuals to serve as financial guardians (payees) for Veterans who are unable or unwilling to provide for themselves; food, shelter and a safe environment.</p>

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 12

Site: VAMC Milwaukee, WI - 695

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 23

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 3

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	7
Transitional Housing Beds	118
Permanent Housing Beds	215

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	Yes

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 226. Number of provider (VA and non-VA) participants: 117.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	3.80	3.12	3.74
Food	3.84	3.46	3.86
Clothing	3.40	3.42	3.62
Emergency (immediate) shelter	3.45	2.95	3.55
Transitional living facility or halfway house	3.29	2.87	3.45
Long-term, permanent housing	2.61	2.83	2.90
Detoxification from substances	3.80	3.30	3.69
Treatment for substance abuse	3.98	3.47	3.84
Services for emotional or psychiatric problems	3.67	3.35	3.71
Treatment for dual diagnosis	3.41	3.21	3.51
Family counseling	2.84	3.01	3.11
Medical services	3.88	3.88	4.04
Women's health care	2.94	3.54	3.17
Help with medication	3.83	3.46	3.87
Drop-in center or day program	3.24	2.95	3.15
AIDS/HIV testing/counseling	3.46	3.43	3.63
TB testing and Treatment	3.83	3.74	3.90
Legal assistance to help restore a driver's license	2.86	2.93	2.87
Hepatitis C testing	3.44	3.52	3.70
Dental care	3.03	2.62	2.91
Eye care	3.47	2.94	3.38
Glasses	3.50	2.98	3.35
VA disability/pension	2.93	3.25	3.14
Welfare payments	2.49	2.84	2.80
SSI/SSD process	2.57	2.91	2.95
Guardianship (financial)	2.63	2.75	2.84
Help managing money	2.99	2.55	3.13
Job training	2.67	2.79	2.96
Help with finding a job or getting employment	2.64	2.73	3.02
Help getting needed documents or identification	3.24	3.11	3.50
Help with transportation	2.97	3.00	3.31
Education	2.98	3.15	3.19
Child care	2.58	2.39	2.64
Family reconciliation assistance	2.59	2.52	2.73
Discharge upgrade	2.76	3.02	2.96
Spiritual	3.33	3.21	3.55
Re-entry services for incarcerated veterans	2.79	3.10	2.94
Elder health care	3.09	3.20	3.11
Credit counseling	2.71	2.61	2.85
Legal assistance for child support issues	2.79	2.64	2.70
Legal assistance for outstanding warrants/fines	2.87	2.63	2.75
Help developing social network	3.01	2.76	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.47	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.44	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.39	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.84	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.86	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.15	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.81	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.78	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.93	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.98	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.87	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.75	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.79	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.77	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	We are helping a local organization with their 52-unit permanent housing project in Milwaukee. To facilitate this, some of our HUD-VASH vouchers were converted to project-based vouchers which Veterans can use at the facility.
Emergency (immediate) shelter	We increased use of New Community Shelter and St. John the Evangelist Homeless Shelter in Green Bay; and Emergency Shelter of the Fox Valley, Inc.
Dental care	In FY 2010, increased use of Homeless Veteran Dental Program (HVDP) to 231, compared to 108 in FY 2009.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

Long-term, permanent housing	Center for Veterans Issues, Ltd., a long-time transitional housing provider in Wisconsin, has begun construction of a 52-unit apartment building which will provide affordable permanent supportive housing to veterans in Milwaukee. Project completion is projected for Spring of 2011.
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	Expand use of HUD-VASH to rural communities served by northern VA Community Based Outpatient Clinics; increase referrals to local permanent housing projects for seriously mentally ill and chronically homeless; initiate referrals to a 52-unit new construction permanent housing project in Milwaukee for Veterans.
Emergency (immediate) shelter	Work with Acquisitions Center to establish more contract transitional housing providers; increase referrals to contract housing providers
Help with finding a job or getting employment	Increase referrals to VA Compensated Work Therapy; and Department of Labor Homeless Veterans Reintegration Program and Incarcerated Veterans Transition Program.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.

CHALENG 2010 Survey Results Summary

VISN: 12

Site: VAMC North Chicago, IL - 556

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 17

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 2

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	99
Permanent Housing Beds	95

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	No
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 55.
Number of provider (VA and non-VA) participants: 21.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.36	3.81	3.74
Food	4.52	4.00	3.86
Clothing	4.11	3.86	3.62
Emergency (immediate) shelter	4.12	2.57	3.55
Transitional living facility or halfway house	3.63	3.90	3.45
Long-term, permanent housing	2.81	2.67	2.90
Detoxification from substances	4.47	3.76	3.69
Treatment for substance abuse	4.33	4.00	3.84
Services for emotional or psychiatric problems	3.92	3.76	3.71
Treatment for dual diagnosis	3.57	3.86	3.51
Family counseling	2.79	3.57	3.11
Medical services	4.41	4.05	4.04
Women's health care	2.81	3.75	3.17
Help with medication	4.24	3.86	3.87
Drop-in center or day program	3.25	3.29	3.15
AIDS/HIV testing/counseling	3.96	4.00	3.63
TB testing and Treatment	4.16	4.10	3.90
Legal assistance to help restore a driver's license	2.94	3.30	2.87
Hepatitis C testing	4.00	3.86	3.70
Dental care	3.58	3.43	2.91
Eye care	3.91	3.62	3.38
Glasses	3.94	3.52	3.35
VA disability/pension	2.42	4.10	3.14
Welfare payments	2.00	3.24	2.80
SSI/SSD process	2.08	3.62	2.95
Guardianship (financial)	2.74	3.71	2.84
Help managing money	3.36	3.57	3.13
Job training	2.70	3.14	2.96
Help with finding a job or getting employment	3.06	2.95	3.02
Help getting needed documents or identification	3.74	3.62	3.50
Help with transportation	3.69	3.29	3.31
Education	2.96	3.14	3.19
Child care	2.50	2.67	2.64
Family reconciliation assistance	2.36	3.15	2.73
Discharge upgrade	2.67	3.80	2.96
Spiritual	3.74	3.62	3.55
Re-entry services for incarcerated veterans	2.67	3.19	2.94
Elder health care	2.88	3.80	3.11
Credit counseling	2.62	2.80	2.85
Legal assistance for child support issues	2.82	3.05	2.70
Legal assistance for outstanding warrants/fines	2.67	2.76	2.75
Help developing social network	3.35	3.20	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	4.00	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.71	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.25	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	1.47	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	1.82	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.18	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.88	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.59	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.29	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	1.82	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	1.47	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.29	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.41	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.24	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Help with finding a job or getting employment	Transitional Living Services has been working weekly with our homeless Veterans and as needed with local employers. VA staff continue to explore contracts in the community.
Job training	Transitional Living Services continues to work with our homeless Veterans to have them job ready. VA Vocational Rehabilitation has also developed a peer counselor training program. Also, a collaboration has been established with a community pre-apprenticeship training program through a local plumber's union.
Long-term, permanent housing	We currently have 70 HUD-VASH vouchers with two social work case managers. For FY 2011, we expect an additional 95 vouchers and three social work positions.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Long-term, permanent housing	North Chicago has 70 HUD-VASH vouchers and two social workers working as case managers to assist Veterans and/or their dependents in Lake County, Kenosha County, and McHenry County. North Chicago has advocated for and will receive 25 additional vouchers. Another social worker will be hired to distribute these vouchers and case manage Veterans and/or dependents. In addition a Health Care for Homeless Veterans contract will be initiated with a local recovery house to provide both emergency and transitional housing for Veterans.
Job training	TLS (Transitional Living Services) was given a grant through the Department of Labor to provide job training and job readiness skills which they have been doing with our homeless Veterans on a weekly basis. Pre-apprenticeship training through the Plumbers Union has also been initiated and will continue to be encouraged and supported for our homeless Veterans. Peer counselor training has also been recently initiated and will continue to be supported for FY 2011.
Help with finding a job or getting employment	The grant that TLS (Transitional Living Services) received from the Department of Labor is to provide assistance in securing our homeless Veterans on a weekly basis and with local employers who receive applications from our Veterans. Our Medical Center's vocational rehabilitation program continues to be utilized. Community contracts will continue to be explored to provide temporary to permanent employment for our homeless Veterans.

***The Action Plan outlines proposed strategies the local VA program and its community partners will use to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.**

CHALENG 2010 Survey Results Summary

VISN: 12

Site: VAMC Tomah, WI - 676

CHALENG data is collected from two surveys. The CHALENG Point of Contact (POC) Survey is a self-administered questionnaire completed by the local VA homeless Veteran coordinator. The CHALENG Participant Survey is completed by federal, state, county, city, non-profit and for-profit agency representatives, as well as local VA staff and homeless Veterans themselves. Data was collected in the summer/fall of 2010.

A. Homeless Veteran Sub-populations (CHALENG Point of Contact Survey)*

[Note: Beginning in FY 2010, CHALENG no longer collects estimate of the local homeless Veterans population. HUD's *The Veteran Homelessness: A Supplemental Report to the Annual Homeless Assessment Report (AHAR) to Congress* will now be issued annually and report the single federal estimate on homelessness among Veterans.]

1. Number of Homeless Veteran Families (Veterans with minor dependents) Served in FY 2010 by Local VA Homeless Program: 8

2. Number of Homeless Veterans served in FY 2010 who needed treatment in an extended care facility (e.g., VA or community nursing home, state soldier's home) for conditions due to aging: 2

B. Housing Availability and Need (CHALENG Point of Contact Survey)

Housing type	# of Veteran-specific Beds in area*
Emergency Beds	0
Transitional Housing Beds	96
Permanent Housing Beds	35

*These are the number of beds that Veterans can access that are Veteran-specific.

Homeless Veteran Program Beds actually on VA campus?*	
Emergency Beds	No
Transitional Housing Beds	Yes
Permanent Housing Beds	No

*Beds in programs operated by private, community partners through VA Grant and Per Diem, VA Healthcare for Homeless Veterans, and other funding sources.

C. Rating of Need by CHALENG Participants (Number of Veteran Participants: 53.
Number of provider (VA and non-VA) participants: 47.)

Need Ranking (1=Need Unmet 5= Need Met)	Site homeless Veteran mean score	Site provider mean score	VHA Mean Score (nationwide)*(all participants)
Personal hygiene (shower, haircut, etc.)	4.44	3.58	3.74
Food	4.66	4.00	3.86
Clothing	4.24	4.07	3.62
Emergency (immediate) shelter	4.34	2.37	3.55
Transitional living facility or halfway house	4.16	3.11	3.45
Long-term, permanent housing	3.31	2.77	2.90
Detoxification from substances	4.37	3.71	3.69
Treatment for substance abuse	4.46	3.65	3.84
Services for emotional or psychiatric problems	4.13	3.74	3.71
Treatment for dual diagnosis	3.98	3.51	3.51
Family counseling	3.46	3.21	3.11
Medical services	4.55	4.21	4.04
Women's health care	3.18	3.66	3.17
Help with medication	4.53	3.76	3.87
Drop-in center or day program	3.90	2.85	3.15
AIDS/HIV testing/counseling	3.75	3.56	3.63
TB testing and Treatment	4.49	3.91	3.90
Legal assistance to help restore a driver's license	3.66	2.76	2.87
Hepatitis C testing	4.21	3.93	3.70
Dental care	3.82	2.93	2.91
Eye care	4.46	3.60	3.38
Glasses	4.17	3.40	3.35
VA disability/pension	3.26	3.65	3.14
Welfare payments	2.80	2.90	2.80
SSI/SSD process	3.05	3.35	2.95
Guardianship (financial)	2.97	3.05	2.84
Help managing money	4.11	3.02	3.13
Job training	3.46	3.26	2.96
Help with finding a job or getting employment	4.00	3.48	3.02
Help getting needed documents or identification	4.14	3.62	3.50
Help with transportation	4.30	3.07	3.31
Education	3.63	3.26	3.19
Child care	3.13	2.22	2.64
Family reconciliation assistance	2.78	2.60	2.73
Discharge upgrade	3.18	3.33	2.96
Spiritual	3.48	3.33	3.55
Re-entry services for incarcerated veterans	3.19	3.07	2.94
Elder health care	3.28	3.47	3.11
Credit counseling	3.33	3.14	2.85
Legal assistance for child support issues	2.94	2.49	2.70
Legal assistance for outstanding warrants/fines	3.05	2.56	2.75
Help developing social network	3.44	2.83	3.14

****VHA: Veterans Healthcare Administration (139 reporting POC sites, n= 19,847, mean score of individuals).**

D. Nature of Collaborative Activities Between VA and Community in Serving Homeless Veterans*

1. Community Ratings of VA/Community Integration*

Integration Scale: 1 (low) to 5 (high)	Site Mean Score	VHA (nationwide) Mean Score**
VA Accessibility: In general, how accessible do you feel VA services are to homeless Veterans in the community?	3.59	3.53
VA Service Coordination: Rate the ability of the VA to coordinate clinical services for homeless Veterans with your agency.	3.62	3.55

*Scores of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270).

2. Community Rating of Level of Collaborative Activity between VA and Community Agencies

Implementation Scale 1 = None , no steps taken to initiate implementation of the strategy. 2 = Low , in planning and/or initial minor steps taken. 3 = Moderate , significant steps taken but full implementation not achieved. 4 = High , strategy fully implemented.	Site Mean Score	VHA (nationwide) Mean Score**
Interagency Coordinating Body - Representatives from the VA and your agency meet formally to exchange information, do needs assessment, plan formal agreements, and promote access to services.	2.91	2.60
Co-location of Services - Services from the VA and your agency provided in one location.	2.24	1.91
Cross-Training - Staff training about the objectives, procedures and services of the VA and your agency.	2.34	2.00
Interagency Agreements/ Memoranda of Understanding - Formal and informal agreements between the VA and your agency covering such areas as collaboration, referrals, sharing client information, or coordinating services.	2.57	2.31
Interagency Client Tracking Systems/ Management Information Systems - Shared computer tracking systems that link the VA and your agency to promote information sharing, referrals, and client access.	1.76	1.68
Pooled/Joint Funding - Combining or layering funds from the VA and your agency to create new resources or services.	1.45	1.73
Uniform Applications, Eligibility Criteria, and Intake Assessments – Standardized form that the client fills out only once to apply for services at the VA and your agency.	1.78	1.84
Interagency Service Delivery Team/ Provider Coalition - Service team comprised of staff from the VA and your agency to assist clients with multiple needs.	2.24	2.22
Consolidation of Programs/ Agencies - Combining programs from the VA and your agency under one administrative structure to integrate service delivery.	2.00	2.02
Flexible Funding – Flexible funding used to fill gaps or acquire additional resources to further systems integration; e.g. existence of a VA and/or community agency fund used for contingencies, emergencies, or to purchase services not usually available for clients.	1.48	1.68
Use of Special Waivers - Waiving requirements for funding, eligibility or service delivery to reduce barriers to service, eliminate duplication of services, or promote access to comprehensive services; e.g. VA providing services to clients typically ineligible for certain services (e.g. dental) or community agencies waiving entry requirements to allow clients access to services.	1.91	1.74
System Integration Coordinator Position - A specific staff position focused on systems integration activities such as identifying agencies, staffing interagency meetings, and assisting with joint proposal development.	1.70	1.89

*Scored of non-VA community agency representatives who completed Participant Survey.

**VHA: Veterans Healthcare Administration (139 reporting POC sites, n=4,270. Mean score of sites).

E. Action Plans: FY 2010 and FY 2011

1. CHALENG Point of Contact Action Plan for FY 2010: Results*

Long-term, permanent housing	An additional 35 HUD/VASH vouchers were requested but our facility was not awarded them.
Transitional living facility or halfway house	Compensated Work Therapy plans to increase their Transitional Residency beds by ten. Construction to start in 2011.
Emergency (immediate) shelter	VA staff attended three out of four Monroe County Housing Coalition meetings in the past year. The Coalition is aware of the need for emergency housing but none exists in our rural community. Closest immediate shelter is available 50 miles away. Outreach conducted monthly at the shelter in La Crosse.

***The Action Plan consisted of proposed strategies the local VA program and its community partners *would use* to address priority needs in FY 2010. This is the final report about progress towards achieving FY 2010 priority needs.**

2. FY 2010 Best Practice Example

None	None
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3. CHALENG Point of Contact Action Plan for FY 2011: Proposed*

Emergency (immediate) shelter	Pursue Health Care for Homeless Veterans contract transitional housing which will provide for housing which can be accessed with fewer limitations (i.e. sobriety requirements) and more quickly
Long-term, permanent housing	Work with VISN Network Homeless Coordinator to request 35 additional HUD-VASH vouchers.
Dental care	Continue to facilitate dental appointments for Veterans who are eligible for services through the homeless Veteran dental initiative, which are mainly Veterans in VA Grant and Per Diem programs. Advocate to expand services to Veteran's in HUD-VASH and Health Care for Homeless Veterans contract housing as well. Educate Veterans on community providers who offer dental benefits on a sliding fee scale.

*The Action Plan outlines proposed strategies the local VA program and its community partners *will use* to address its priority needs in FY 2011. Updates on these 2011 strategies to address priority needs will be reported in next year's CHALENG report.